Conduct of the
WHO Family of International Classifications Network

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This document is available on the WHO Classification website (link).

Contents

1 WHO-Family of International Classifications (WHO-FIC) Network

1.1 Introduction

As the proprietor of a range of health classifications, the WHO holds intellectual property of high value for its Member States and the international health information and statistical community, for analysis and interoperability. WHO sets and maintains data collection standards that are needed by Member States. The World Health Assembly in its resolution for adoption of ICD-11 (resolution WHA72.15) explicitly reiterated its request to further develop and implement the family of disease- and health-related classifications, linked to other related classifications, specialty versions and terminologies.

There are three reference classifications that form the Family of International Classifications (WHO-FIC) as follows:

- International Statistical Classification of Diseases and Related Health Problems (ICD)
- International Classification of Functioning, Disability and Health (ICF)
- International Classification of Health Interventions (ICHI)

The principles underlying the WHO-FIC are similar to the UN Family of Classifications, and the reference classifications within the WHO-FIC (ICD, ICF and ICHI) form part of the UN Family.

Other classifications and terminologies, maintained by WHO or by partners, may be included in the WHO-FIC as derived or related classifications. The WHO and the WHO-FIC Network have identified the special rules for derived and related classifications, and terminologies, their relations and their joint use.

To support the WHO's work on international classifications, a network of WHO Collaborating Centres (the WHO-FIC Network), has been established since 1970[1]. The principal role of the WHO-FIC Network is to promote the implementation, use, maintenance, and updating of the WHO reference health classifications. The Collaborating Centres in the WHO-FIC Network also assist the WHO in the revision and development of the reference classifications.

The WHO-FIC Strategic Work Plan (SWP) defines the overall joint work of the WHO-FIC Network. The Collaborating Centres' tasks are directed through generic terms of reference and workplan for WHO-FIC CC and specific ToR and areas of work for other members of the Network.

WHO Collaborating Centres for the Family of International Classifications (WHO-FIC CC) have a special role, being based in ministries, national authorities or national public institutions, in charge of the WHO-FIC in their respective national health information systems. In addition to the WHO-FIC CC, WHO Collaborating Centres for Classifications, Terminologies, and Standards (WHO CTS CC), WHO Collaborating Centres for Classifications Scientific Support (WHO CSS CC), and Non-Governmental Organisations in official relations with WHO (NGOs) contribute to the classifications and terminologies agenda.

Collectively these organisations make up the WHO-FIC Network. More information about Collaborating Centres and NGOs can be found in Annex 11.

WHO Member States without a WHO-FIC Centre can participate in the work of the WHO-FIC Network through technical representatives they designate (known as Country Focal Points) through their respective Ministry of Health.

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[1] World Health Organization website.
http://www.who.int/collaboratingcentres/Guide_for_WHO_collaborating_centres_2016.pdf

The WHO-FIC Network meets annually and progresses its work through Committees and Reference Groups, which conduct their business during and outside the annual meeting.

The WHO, Collaborating Centres, and Committees and Reference Groups are represented in the WHO-FIC Network Advisory Council, which endorses actions proposed by the Committees and Reference Groups.

This paper describes the characteristics of the WHO-FIC Network, including its:

- Purpose
- Membership
- Governance
- Communication
- Committee and Reference Group structure
- Workshops and Meetings

1.2   Purpose of the WHO-FIC Network

The mission of the WHO-FIC Network is to improve health through the ongoing development, maintenance, and promotion of an integrated suite of reference health classifications and related products that produce information of value and utility across the world.

The following strategic principles guide the WHO-FIC Network's activities:

- to deliver classifications and related products that are fit for purpose, responsive to the needs of users and changing environments, and validated internationally using evidence-based methods;
- to build partnerships with health information communities, policymakers and planners, clinician and health care provider groups, consumer groups;
- to serve users globally in Member States and among stakeholder groups.

In accomplishing these goals, the Network focuses on creating an open, transparent, responsive and outward-looking organisation, developing consistent messages for effective communication, advocacy and training, and generating adequate resources, thereby ensuring accountability and effectiveness.

1.3   Membership in the WHO-FIC Network

The WHO-FIC Network includes all designated WHO Collaborating Centres (and Collaborating Centres currently undergoing designation) who are supporting the WHO in developing, implementing, and maintaining the WHO-FIC reference classifications.

These Collaborating Centres represent different geographic regions and countries and may be specialised in and responsible for a specific language.

The Collaborating Centre Regional Offices are:
- AFRO (African Regional Office)
- EMRO (Eastern Mediterranean Regional Office)
- EURO (European Regional Office)
- PAHO (Pan American Health Organization)
- SEARO (South-East Asia Regional Office)
- WPRO (Western Pacific Regional Office)

To optimise resources, mutual support among members is considered essential.

The formation of Collaborating Centres is encouraged, particularly within the AFRO, SEARO, and EMRO regions as well as some subregions of EURO and WPRO.

Potential Centres do not need to have expertise in all aspects of WHO-FIC at the outset, and specific development plans may need to accompany their designation. Provision of the necessary skills to assist this

development is a specific responsibility of the WHO-FIC Network and is detailed in the Network's Strategic Work Plan and the Centres' work plans of designation.

Officers from WHO Headquarters and WHO Regional Offices also participate in the Network. In particular, WHO Regional Offices assist in representing the interests of regions where Collaborating Centres currently do not exist.

Benefits of membership in the WHO-FIC Network include:

Collaborating Centres clearly have proven to be a cost-effective way for the WHO to fulfill its mandated activities and to harness resources far exceeding its own. They also allow the WHO to gain access to top experts worldwide to ensure the scientific validity and relevance of global health work.

At the same time, the designation of an organization as a WHO Collaborating Centre provides enhanced visibility and recognition by national authorities, calling public attention to the health issues on which they work. It also offers opportunities to exchange information and develop technical cooperation with other institutions and countries.

For the WHO-FIC Collaborating Centres, specifically, the benefits to countries include:

1. Participation in update and revision of the WHO-FIC reference classifications to assure that they meet country needs for statistical monitoring, resource allocation, health care delivery and program and policy development
2. Sharing of best practices for education and implementation related to the WHO-FIC reference classifications
3. Opportunity to develop partnerships with other countries and within country and to leverage these partnerships for improving national work
4. Supporting other countries that work in the same language as the Collaborating Centre
5. Contributing to the public health global mission of improving information to improve health through the support of international health data standards
6. Contribute to the maintenance and improvement of the automated systems for assigning underlying and multiple cause-of-death information to improve the comparability and quality of mortality data.

Consequences of not serving as a Collaborating Centre

When a country decides to not establish or not to continue as a WHO-FIC Collaborating Centre, it represents a loss to the WHO-FIC Network as well as the respective country. The Network is deprived of the country's expertise and its experience in using or trying to implement the classifications. The Network's ability to carry out its strategic work plan and associated membership is limited by the reduced Committees and Reference Groups membership and the smaller pool of candidates for leadership positions, as well as suffers from reduced coverage of languages and geographic areas.

From a country's perspective, the benefits previously specified are lost. One of the most important benefits for countries having a Collaborating Centre is the right to participate in the update process of the WHO-FIC reference classifications by having voting rights in the Classification and Statistics Advisory Committee (CSAC) and on the CSAC platform. A country's absence significantly limits its ability to model the classifications according to national needs.

1.4 Governance of the WHO-FIC Network

The WHO-FIC Network is governed through the WHO-FIC Network Advisory Council[2], with the assistance of the Small Executive Group (SEG).

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[2] within the framework of relevant WHO rules and regulations

1.5   WHO-FIC Network Advisory Council

The WHO-FIC Network Advisory Council comprises WHO representatives, Heads of WHO-FIC Collaborating Centres (designated and under designation) and the Co-Chairs of Committees and Reference Groups (see below for the Committees and Reference Groups).

WHO Collaborating Centres for Classifications, Terminologies, and Standards, WHO Collaborating Centres for Classifications Scientific Support and NGOs are also invited to participate in the Council as non-voting members.

The WHO-FIC Network Advisory Council is managed by two Co-Chairs nominated and elected by the Heads of WHO-FIC Collaborating Centres (designated and under designation). Only Heads of WHO-FIC Collaborating Centres are eligible for the Co-chair posts. The elections are held in odd-numbered years in a closed ballot[3] at the annual meeting of the WHO-FIC Network. Council Co-chairs are elected for a term of two years and may be re-elected for one additional term. The Co-Chairs take office at the end of the annual meeting at which they are elected.

If it is necessary to take a vote on technical matters within the Council at the Network's annual meeting, each WHO-FIC Collaborating Centre, Committee and Reference Group present, in-person or online, at the Council meeting will have one vote per role (i.e. an individual may be both a Head of Centre and a CRG Co-chair and they will vote in each capacity separately). WHO Collaborating Centres for Classifications, Terminologies, and Standards (WHO CTS CC), WHO Collaborating Centres for Classifications Scientific Support (WHO CSS CC) and Non-Governmental Organizations' (NGOs) representatives will have voting rights in the Council only if elected as a Committee or Reference Group Co-Chair.

The Centre Heads, Committee and Reference Group Co-chairs, or their proxy must be present, in person or online, to exercise this vote. Absent voting members of the WHO-FIC Network Advisory Council must designate their proxy in writing before the start of the session to the WHO elections officer.

National focal points are welcome to attend and provide comments during the public sessions of the council.

Functions, working methods, and decision-making process of the WHO-FIC Network Advisory Council

The WHO-FIC Network Advisory Council exercises its functions and fulfils its duties through decisions taken to advise and make recommendations to the WHO. The functions of the Council are:

- to collaborate on the development and update of the Strategic Work Plan (SWP) for the Network, which is presented at the annual WHO-FIC Network meeting;
- to monitor and follow-up on the progress of the Strategic Work Plan;
- to establish and revise, as needed, procedures for the conduct of annual meetings of the Network;
- to participate in planning the annual meetings;
- to review action items from each annual meeting and address new action items that arise.

To conduct the business of the Network, the WHO-FIC Network Advisory Council will meet annually in person.

Between annual meetings, the Council will hold virtual meetings (via videoconference) and a mid-year meeting (in-person or virtual), as needed. Minutes of the Council meetings will be sent to the Council members in due time (at the latest three weeks after the meeting).

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[3] A "closed ballot" indicates a vote taken via written ballot and restricted to the voting members of the given body or their designated proxies; in this case, the voting members of the WHO-FIC Advisory Council

1.6 WHO-FIC Network Small Executive Group

The Small Executive Group (SEG) helps the WHO-FIC Network Advisory Council to manage and steer the WHO-FIC Network. The SEG is not a decision-making body. It identifies issues requiring Council discussion and decision, drafts agendas and other documents, and assures regular communication with WHO Headquarters through monthly or bi-monthly virtual meetings.

The Minutes of all meetings of the SEG will be accessible to the full Council membership.

The Small Executive Group consists of:
- the Co-Chairs of the Council
- two Chairs of WHO-FIC Committees or Reference Groups, and
- WHO Headquarters staff.

The two Chairs of Committees or Reference Groups are nominated and elected to the SEG by the Council in even-numbered years for two-year terms. They may serve a maximum of two consecutive terms.

Nominations can be received at the final Council meeting of the annual network meeting. If nominations have been received, elections can occur at the last council meeting of the annual meeting. If not, the elections will occur at the first virtual meeting of the full Council after the annual network meeting. WHO may nominate one or more additional advisors to the SEG.

1.7 WHO-FIC Network Committees and Reference Groups

The WHO-FIC Network has established four Committees:
- Classification and Statistics Advisory Committee (CSAC)
- Education and Implementation Committee (EIC)
- Family Development Committee (FDC)
- Informatics and Terminology Committee (ITC)

The Committees each take responsibility for a relevant area of the Strategic Work Plan of the
Network. The number and roles of Committees are reviewed from time to time to restrict the number of Committees to a minimum. The annual meeting may establish time-limited working groups (or task forces) to carry out specific tasks, and these may be placed within one of the established Committees where appropriate or will report directly to Council.

The WHO-FIC Network has also established six Reference Groups to provide forums for more technical discussions and to facilitate participation by a broader range of experts and interested parties:
- Mortality Reference Group (MRG)
- Morbidity Reference Group (MbRG)
- Functioning and Disability Reference Group (FDRG)
- Traditional Medicine Reference Group (TMRG)
- Verbal Autopsy Reference Group (VARG)
- Health Interventions Reference Group (HIRG).

Reference Groups address specific areas of classification (i.e. mortality, morbidity, functioning and disability, traditional medicine, verbal autopsy and health interventions). The work of these groups will be regularly reviewed to ensure there is value for the effort and that the links between the Groups and Committees are working appropriately. Additional reference groups may be established as required.

The WHO has also established the Medical and Scientific Advisory Committee (MSAC), a group comprising medical and scientific experts appointed by WHO to advise on scientific updates to ICD-11.

1.8   Membership in Committees and Reference Groups

Each Committee or Reference Group is led by two Co-Chairs (except CSAC, which has three, two for ICD and one for ICF) with a designated WHO Liaison Officer. The Co-chairs may appoint a secretariat to assist them in their duties.

The structure of Committees and Reference Groups (with the exception of the CSAC - see Annex 1) includes permanent members from the WHO (including staff from WHO Regional Offices) and, ideally, from each Collaborating Centre, who will primarily devote their time to developing and, to the extent possible, carrying out strategies for addressing the goals and objectives specified in the Strategic Work Plan.

All WHO-FIC Network Collaborating Centres may nominate for every Reference Group or Committee.

A WHO-FIC Collaborating Centre for each Committee or Reference Group may have:

- one Voting Member
- two Members
- five Observers

Note: Collaborating Centres representing more than one country as per their official Centre designation can nominate up to a maximum of four members for every Reference Group or Committee. Further detail regarding these roles is included in Annex 11.

Each WHO Collaborating Centre for Classifications, Terminologies, and Standards or NGO may have one official voting member in each respective Committee or Reference Group.

Only officially nominated members and observers can participate in the work of WHO-FIC Committees or Reference Groups and only Voting Members and Members will be included in the respective mailing lists[4], and the expectation is that the Voting Members and Members share and liaise with their CC observers on all CRG matters.

All representatives of Collaborating Centres or NGOs are expected to actively participate in the work of their nominated Committees and Reference Groups regardless of their capacity as members or observers.

A list of all Committees and Reference Groups members and observers will be sent by the WHO-FIC secretariat to the Head of Collaborating Centres and NGOs at least two months before the annual meeting for confirmation of full membership and official delegation list.

The Collaborating Centres and NGOs will check the lists, amend them as necessary, and send them back to the WHO within four weeks. The role of each individual (i.e. Voting Member, Member or Observer) must be indicated on the list. Collaborating Centres officially representing two or more countries per their designation will have to specify this on their membership list.

The WHO will then send the compiled lists to the Council before the annual meeting, at the latest at the end of September, and the Committees and Reference Groups Co-chairs will ensure the compiled lists are provided to their secretariats before annual meeting.

The WHO-FIC Network Advisory Council will seek to ensure that each Committee and Reference Group has sufficient participation, expertise, and geographic coverage to conduct its assigned work program.

In consultation with the WHO and the Heads of the Collaborating Centres, the Committees and Reference Groups may also recruit participants from outside the WHO-FIC Network, working with country officials and NGOs to assure broad input from stakeholders and identify the appropriate representatives. Through the same process, experts can be invited to participate in a Committee or Reference Group to address specific projects of time-limited duration. All possible conflicts of interest are evaluated following WHO standard procedure and considered as a possible reason for exclusion from membership.

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[4] During in-person meetings, listening to all sessions of interest is explicitly encouraged, independently of the formal role. Care need to be taken that the formal membership has sufficient space.

Membership by such experts and others will be included in lists sent by the WHO to Collaborating Centres, NGOs, and Committees or Reference Groups Co-chairs two months before the annual meeting and will be reviewed as part of that process.

Relevance of the Framework of Engagement with Non-State Actors (FENSA)

The Framework of Engagement with Non-State Actors (FENSA) provides comprehensive guidelines for WHO's interaction with non-state actors such as non-governmental organizations (NGOs), private sector entities, philanthropic foundations, Collaborating Centres, and academic institutions. FENSA was adopted to safeguard the integrity and independence of WHO's work while engaging effectively with these external entities. FENSA serves as a critical tool for WHO to engage safely and productively with non-state actors, ensuring that such collaborations do not compromise WHO's standards, independence, or public health mission.

1.9   WHO-FIC Network Committees and Reference Groups Working Methods

The Committees and Reference Groups will work through technology, such as e-mail and web based virtual applications. Still, they will convene in-person at least once per year in conjunction with the WHO-FIC Network annual meeting and use virtual attendance platforms for other working sessions throughout the year as needed. Additional in-person meetings must be approved by the Council.

Decisions related to the technical work of Committees and Reference Groups will be reached by consensus, except in elections or other official votes. Ballots may also be used to gather information on differing positions of the participants. Silence will be considered as approval.

In meetings of Committees and Reference Groups, in cases where the sense of differing opinions within the group is present, each Collaborating Centre or NGO will have one vote (up to a maximum of two votes per Collaborating Centre that is officially designated as representing more than one country, provided that the two voting members are from different countries). A voting member or their identified proxy must be present in person or online at the time of the meeting to vote. Voting is open unless otherwise specified.

In some cases CRGs may work collaboratively toward common goals in cross-cutting activities which apply to more than one CRG. In such cases, one will have the lead and responsibility for the project.

The Committees and Reference Groups will provide a summary report of their decisions, activities and recommendations to the WHO-FIC Network Advisory Council and any other appropriate Committee or Reference Group at the annual Network meeting. In making recommendations to other Committees, Reference Groups, or the WHO-FIC Network Advisory Council, the Co-Chairs clarify the process used to reach a decision and any diversity of views.
Recommendations or decisions endorsed by the Council are circulated within a month after the meeting by the relevant Committee or Reference Group in the form of a short report to CRG members. They should also be included in the Council minutes.

Each WHO-FIC Committee or Reference Group must have a Terms of Reference (ToR) to assist in their undertakings. Each of the ToRs must be reviewed on a regular basis. It is recommended that this be done at the change of Co-chairs (i.e. every two years at annual meetings). Updated or reviewed ToRs must be reviewed by the Council and approved by WHO before updating of the Conduct of the Network Paper and other places/documents which refer to the WHO-FIC CRGs ToRs.

1.10 Specific WHO-FIC Network Committees and Reference Groups

Committees:

The **Classification and Statistics Advisory Committee (CSAC)** supports the WHO and the WHO-FIC Network in keeping the reference classifications of the WHO-FIC in line with user needs and current classification and statistical knowledge and ensure longitudinal consistency of data for the different uses of the WHO-FIC.

The **Education and Implementation Committee (EIC)** assists and advises WHO and the WHO-FIC Network on implementing WHO classifications, focusing on reference classifications and improving the level and quality of their use in WHO Member States. The EIC tracks implementation of the classifications and develops implementation, education, training and certification strategies for the WHO-FIC, identifying best training and implementation practices and providing a network for sharing expertise and experience on training and implementation.

The **Family Development Committee (FDC)** aims to ensure that the WHO-FIC has a logical structure and covers all areas of information in health information systems, so that the classifications and terminologies needed for each component and setting within the health system can be identified. The Committee identifies and prioritises gaps in the WHO-FIC. It sets criteria for and assesses potential new member classifications against these criteria. As necessary, the Committee will work with proprietors of classifications that could fill a gap in the WHO-FIC and recommend appropriate relationships between WHO and the proprietor. The Committee may also suggest strategies for developing or revising WHO-FIC classifications, but the revision itself would be undertaken elsewhere.

The **Informatics and Terminology Committee (ITC)** follows the development of digital versions of WHO-FIC classifications and corresponding terminologies. It develops policies on digital standards used for WHO-FIC classifications and related terminologies and promotes their international implementation. It aims to ensure the availability and consistency of applications and digital tools for the WHO-FIC. The Committee fosters standardisation of concepts underlying clinical terminologies and the WHO classifications to facilitate the common use of WHO-FIC classifications and international terminologies.

The **Medical and Scientific Advisory Committee (MSAC)** is a related committee that supports the WHO and the WHO-FIC Network in keeping the reference classifications of the WHO-FIC in line with current medical and scientific knowledge. The membership of the MSAC is determined by the WHO.

Reference Groups:

Reference groups address issues that emerge in the practical application of the WHO-FIC in different use-cases.

The **Mortality Reference Group (MRG)** aims at improving the international comparability of mortality data. To this end, the MRG identifies and solves problems related to the interpretation and application of ICD to mortality, supports the development of internationally applicable software for mortality coding and classification, and addresses the analysis and assessment of mortality statistics. The MRG prepares updates to the ICD for consideration in the appropriate update committee(s).

The **Morbidity Reference Group (MbRG)** identifies, discusses, and solves problems related to interpreting and applying ICD to morbidity coding and classification by developing agreed-upon coding rules and guidelines. The MbRG makes annual recommendations to the appropriate update committee(s).

The **Functioning and Disability Reference Group (FDRG)** advises the WHO-FIC Network and identifies and solves problems related to the interpretation and application of ICF to documentation and coding of functioning data for specific use cases (e.g. rehabilitation and social medicine). The chief aim is to improve the quality and comparability of national and international data that describes functioning, disability and health by enhancing the appropriate use of the ICF. The FDRG supports updates to the ICF and makes annual recommendations to the appropriate update committee(s). The FDRG also identifies and solves problems

related to the interpretation and application of ICF based assessment instruments (i.e. WHO Disability Assessment Schedule, WHO DAS 2.0).

The **Health Interventions Working Group** (HIRG) aims to improve the international comparability of health interventions data relating to ICHI and its linkages with data using the other core WHO-FIC classifications.

The **Traditional Medicine Reference Group (TMRG)** aims to improve the quality and comparability of national and international TM morbidity data and the application of the ICD-11 TM Chapter by analysing and integrating needs deriving from clinical documentation, statistical reports, reimbursement and other use cases.

The **Verbal Autopsy Reference Group (VARG)** aims to improve the quality and comparability of national and international Verbal Autopsy processes and resultant mortality data.

1.11 Communication about and within the WHO-FIC Network

All WHO Collaborating Centres and individuals therein have agreed to the "Terms and Conditions for WHO Collaborating Centres" (available on the WHO website and also provided during designation/redesignation processes), including the terms regulating the use of WHO's logo.

In this context, the following guidelines will be useful to follow to ensure proper conduct and etiquette respecting collaboration, in line with the WHO Collaborating Centre and WHO-FIC Network Strategic Work Plan. The guiding principles should be mutual respect and to protect the WHOs reputation and intellectual property.

Any member of the WHO-FIC Network proposing to make a public statement or a publication on behalf of the WHO-FIC Network must inform the WHO and the WHO-FIC Network Advisory Council Small Executive Group and seek their clearance or guidance. There may be requirements for the timely release of information to the public (outside the WHO and the WHO-FIC Network) or sensitive issues when different stakeholders have differing views about a particular classification, development, or application. All conflictual matters should be solved within reasonable timelines and with appropriate consultation with WHO. Any previously publicised information by the WHO or the WHO-FIC Network can be used without any permission. Items that are of limited or embargoed nature should be marked as such: "network-in-confidence"; embargoed until {DATE}; etc. A caveat/disclaimer may be in place regarding the time and context-bound nature of the information shared. In case of any doubt or uncertainty on the content, the authors shall clear the statement or publication with their Centre Heads, the Network Co-Chairs, or the WHO Mortality and Health Analysis and Data Standards team (MHA).

1.11.1 Communication within the Network

Acknowledging the multiple languages represented in the WHO-FIC Network and that the working language, English, is not the native language of all network participants, the following guidelines can assist in clear communication:

- Papers, statements, and any other form of written documents shall be presented at least ten working days before their discussion. Papers for the annual meeting in particular must be provided to the WHO for distribution by 20 September each year, other than in exceptional or urgent circumstances (based on the usual mid-October timing of the annual meeting). If voting or confirmation of the group is expected on such a written statement, a presentation before the discussion should be provided to allow necessary translation and a reply in English.
- Any member of the Network expected to vote on a decision must be allowed sufficient time to **translate and analyse** the decision beforehand. Whenever necessary, the member can request additional time if the topic to be decided upon was not presented at least ten working days before (or by 20 September, in the case of items for the annual meeting).

2   Conduct of WHO-FIC Network annual meeting

This section provides a guide to how to run a WHO-FIC Network annual meeting. The key objective is to ensure that the meeting is organised in such a way as to:

- allow all attendees to participate fully in the network
- enable new attendees to learn about the WHO Family of International Classifications
- ensure that the pressing work of the Network is able to be advanced.

2.1   Planning and organisation of the WHO-FIC Network annual meeting

The annual meeting is usually organised by WHO and the Host Centre, with the participation of the WHO-FIC Network Advisory Council. Templates for meeting documents (meeting schedule, session report, overall meeting report, etc.) should be available on the WHO-FIC Network annual meeting website in different formats, for example, a set of templates (e.g. Word, Excel, PowerPoint).

Requirements for information sharing and working sessions during the meeting should also be indicated (e.g. the need for presentations/screen sharing, with information sharing to be done via pre-meeting papers and meeting sessions aimed at working towards solutions and goals). The current policy is to provide all posters on the meeting website. An example timetable for an annual meeting is provided in Annex 11.

The WHO-FIC Network Annual Meeting shall encompass all CRG required working sessions, as well as the WHO-FIC Annual Meeting and WHO-FIC Advisory Council (open and closed) sessions.

2.2   Resourcing the WHO-FIC Network annual meeting

The meeting is held in person and attendance at the meeting is at the expense of the Collaborating Centres.

The Host Centre will cover the cost of the venue hire and costs expended in planning and running the meeting (to the furthest extent possible). A small fee may be charged to cover the cost of meals during the meeting and other meeting expenses not covered by the Host Centre. The Host Centre is also responsible for organising a social/networking event. This may require an additional fee from participants.

The WHO-FIC Network Advisory Council will work to facilitate the attendance of all Collaborating Centres at the annual meeting to ensure cross Network involvement and diversity in discussions and decision making. This will include making provision for online attendance where it is necessary.

2.3   Rules of Procedure

The annual WHO-FIC Network meeting shall be co-chaired by the Head of the Collaborating Centre hosting the meeting and the current Co-Chairs of the WHO-FIC Network Advisory Council.

All participants should be encouraged to participate actively in as much of the WHO-FIC Network meeting as possible, including the work of the Committees or Reference Groups. Such participation will enrich the work of the WHO-FIC Network, bring all attendees up to speed quickly, and assist in sharing work over as many contributors as possible.

Each Collaborating Centre and NGO must finalize its delegation for the annual meeting and submit the details to WHO by September 20 to support meeting organization and facility arrangements. Unforeseen changes to the delegation after this date can be facilitated where necessary.

2.4   Discussion, information sharing and resolutions

Chairs of plenary sessions need to ensure that each Centre Head or NGO representative has an opportunity to comment on a specific matter for discussion in turn. The Centre Head may defer to another member of their Centre to provide the contribution. Similarly, in Committees and Reference Groups sessions, each Voting Member should be recognised.

Once each Centre's (or country's) Voting Member and Co-chairs has had an opportunity to contribute, and depending on the time available, other delegates may be asked to comment.

The Co-Chairs should summarise the outcome of the discussion and propose a resolution to the meeting attendees. When recommendations of the Committees and Reference Groups are presented to the WHO-FIC Network Advisory Council for final approval, each WHO-FIC Collaborating Centre will have one vote (with a maximum of two votes per Collaborating Centre that is officially designated as representing more than one country, provided that the two voting members are from different countries).

The secretariats should, wherever possible, display the draft resolution on-screen so that delegates are clear on the proposed outcome. To this end, a predefined template will be provided by the WHO-FIC secretariat to aid CRG Co-chairs and secretariats in their work and clarify the outcome and further actions (recommendations, resolutions). The result is the immediate availability of the agreed decision, and the resolution can be incorporated into the meeting report without further editing.

Where resolutions are developed and proposed before a meeting, these resolutions and their justifying explanation should be circulated by 20 September (other than in exceptional or urgent circumstances) before the meeting to facilitate prompt resolution and the ability of Co-chairs to focus these sessions on substantive matters where discussion and the application of diverse perspectives will be key.

2.5 Committee and Reference Group Sessions

Committee and Reference Group Co-chairs with the WHO liaison assigned to their CRG should prepare preliminary agendas of the Committee and Reference Group sessions and make them available to the Host Centre and the WHO-FIC secretariat two months before the meeting. The focus of the sessions should be on SWP items requiring in-person attendance and considered strategically important by the WHO-FIC Network and the WHO, more important for cross-group input, or pending finalisation for Council endorsement, rather than simply providing information or progress reports, particularly to those who are not regular participants or contributors to the work.

Pre-meeting papers should be provided to the members of the CRG by 20 September.

Specific resolutions should be presented on slides and pre-meeting papers. All decisions and recommendations made during the Committee and Reference Group sessions must be brought to the Council meeting for endorsement and inclusion in the record of the meeting.

Each Committee or Reference Group Chair should consider appointing one secretariat to prepare a report on the work of the sessions for the meeting report and documentation of Committee and Reference Group business.

2.6 Plenary sessions and Council sessions

The WHO-FIC Network Advisory Council is responsible, in collaboration with the WHO, for the content and agenda of plenary sessions, including the assignment of chairs and secretariat(s). The English-speaking Collaborating Centres will rotate, providing an additional secretariat to support the overall meeting secretariat, if requested by the WHO.

The first annual network meeting session(s) of the Council is open to all meeting participants. Later sessions of the Council may be restricted to a closed session if the need arises.

2.7 Strategy and Work Plan

The annual process of developing, amending, and endorsing the Strategic Work Plan is an integral part of the WHO-FIC Network meeting. The development of the Strategic Work Plan should be undertaken by the Council, which includes all Committee and Reference Group Co-Chairs. WHO-FIC Network members may propose new items for the Strategic Work Plan for consideration by the WHO-FIC Network Advisory Council and the WHO.

The Strategic Work Plan should be presented to the Council meeting with a brief explanatory paper supporting the activities and/or options, for discussion and endorsement. Editorial re-drafting should be done outside the Council meeting, with a final endorsement by the Council.

At the annual WHO-FIC Network Meeting, Committees and Reference Groups will discuss items from the Strategic Work Plan that their Committee or Group is working on. Proposals for change will then be reported at the final Council Meeting. Committee and Reference Group Co-Chairs ensure that new items align with the overall WHO-FIC Strategic Work Plan and necessary resources will be available within the WHO-FIC Network.

One lead Committee or Reference Group should be identified for each item of the WHO-FIC Strategic Work Plan. Additional contributors should be mentioned, and the lead Committee or Reference Group must ensure that effective collaboration on the respective item is undertaken. All items on the Strategic Work Plan must be approved by the WHO-FIC Network Advisory Council and the WHO.

The Strategic Work Plan will then be compiled by the two Council Co-Chairs and presented to the Council again at the first virtual meeting of the coming year.

The Council recognises that the WHO is engaged in many projects related to, involving, or using WHO-FIC Classifications and related products that do not fall within the Strategic Work Plan of the WHO-FIC Network. The WHO can invite various individual experts and institutions to participate in its work. Additions to the workplan, aimed at fulfilling WHO priorities, are made in consultation with the WHO-FIC Network Advisory Council during regular briefings at the virtual quarterly Council Meetings and the WHO-FIC Network Annual Meeting. This ensures that the workplan aligns with the resources available within the Network.

2.8   Meeting report

The meeting report should consist of an executive summary, the final agenda, the list of participants, the updated Strategic Work Plan, any resolutions endorsed by the Council, summaries of the plenary sessions, and summaries (not exceeding ten pages) of the Committee and Reference Group sessions. CRG are requested to provide their short summaries before the end of the annual meeting. Long summaries are due latest 60 days after the meeting to ensure timely finalization of the overall meeting report.

The Executive summary is drafted by the WHO-FIC Secretariat with timely input from the meeting secretariats and circulated to the Council for comment. The draft report should be made available to the Council and other meeting participants within ninety days of the close of the meeting.

The approval of the meeting report should be conducted at the first Council virtual meeting, or the mid-year meeting of the Council, at the latest. All meeting report documents will be available on the WHO website no more than five months after the meeting.

3 Annex 1: Terms of Reference of the Classification and Statistics Advisory Committee (CSAC)

Purpose

Provide strategic and technical advice to WHO in keeping its Family of International Classifications up to date in line with current knowledge and relevant to the purpose for which they were designed. The activities focus on the:

- subset of the Foundation content to be included in a classification
- primary parents in the classification that define the hierarchy
- recommended versions of coding and browsing tools, in print or electronic formats, and related inclusion of secondary parents
- level of detail for single-code coding
- relevant dimensions for use in optional post-coordination
- morbidity and mortality coding and reporting rules
- respect of principles of classification:
  - categories to be mutually exclusive
  - jointly exhaustive
- user guidance where using more than one code per condition
- advice provided as necessary by FDRG, MbRG, MRG and MSAC.

Functions

1. Maintenance policy of CSAC
   1.1. Ensure an integrated maintenance process for WHO-FIC (i.e. strive for harmonisation in the processes for maintaining and enhancing each of the classifications).
   1.2. Improve principles and criteria for maintenance of WHO classifications, based on an open and scientific process and promoting consistency among all WHO-FIC classifications.
   1.3. Improve processes and schedule for maintenance of the classifications
   1.4. Evaluate maintenance mechanisms, tools and applications
   1.5. Recommend mechanisms for improving the maintenance
2. Maintenance work of CSAC
   2.1. Moderate and assign update proposals to relevant Reference Groups, as necessary
   2.2. Review resulting feedback and suggestions submitted by Reference Groups and other sources
   2.3. Check on consistency between WHO-FIC member classifications update and revision proposals
   2.4. Decide on update and revision proposals for final approval by WHO-FIC Council
3. To create and maintain productive working relationships with other WHO-FIC Network Committees and reference groups.
4. To prepare strategic work plans for the Committee and annual reports to the Network on the activities of the Committee.

Membership

The standard rules of WHO-FIC Network Membership apply to the CSAC with the addition of the following:

- Membership and voting are limited to WHO-FIC Collaborating centres and officially nominated technical representatives from WHO member states
- The voting members, members, and observers from the Collaborating Centres and NGOs should have specific knowledge and expertise in the classifications
- Two Co-chairs from each Reference Group (Mortality Reference Group, Morbidity Reference Group and Functioning and Disability Reference Group (FDRG), Traditional Medicine Group) as

well as two Co-chairs from the Medical and Scientific Advisory Committee (MSAC) are also included ex officio, with the right to comment but no right to vote.

- Additional experts may be invited to participate in CSAC meetings for commenting on specific items.

- Officially nominated technical representatives from member states are also invited to participate. At longer-term, the formation of a WHO-FIC Collaborating Centre will provide the necessary institutional support to such technical experts and ensure an equal degree of background knowledge among CSAC participants.

4 Annex 2: Terms of Reference of the Education and Implementation Committee (EIC)

Purpose

Assist and advise WHO and the WHO-FIC Network in implementing the WHO Family of International Classifications (WHO-FIC) and improving the level and quality of their use in Member States. Track implementation of the classifications and develop implementation, education, training and certification strategies for the WHO-FIC, identifying best training and implementation practices and providing a network for sharing expertise and experience on training and implementation. The first priority will be for the reference classifications, ICD and ICF.

Functions

The primary functions of the Committee are to develop strategies for the implementation of the WHO-FIC with an integrated educational approach for the Reference Classifications, ICD, ICHI and ICF. Other members of the Family of International Classifications, including new and emerging classifications, will be considered as resources permit. The components of this strategy include the following functions:

1. To conduct through the WHO HQ and ROs an international stocktaking of WHO-FIC implementation in a timely, systematic and comprehensive manner:
    1.1. Review periodically the planned or existing use of classifications in both the public and private sectors in terms of areas and purposes of use, version in use, coverage, coding method (automated, health profession coders, clerical coders, self-report etc.);
    1.2. Prepare a periodic summary of the global implementation status in Member States;
    1.3. Work with WHO in the development and refinement of mechanisms for collecting and analysing WHO-FIC implementation data (by conventional questionnaire and web-based applications);
    1.4. Monitor and make proposals for the improvement of the technical and scientific quality of implementation-related studies presented to the annual WHO-FIC meetings and other international meetings.
2. Assess the needs of users and potential users of the classifications, including those who provide source information, apply codes, conduct research or use the resulting data.
    2.1. Identify the learning objectives for educational approaches.
    2.2. Maintain an inventory of existing educational materials and capacity.
    2.3. Make recommendations for learning content including development of core curricula
    2.4. Make recommendations for best practices for the promotion and delivery of educational material.
    2.5. Develop, harmonise and maintain self-learning tools.
3. Assist WHO in the development and application of implementation guidelines.
4. Provide WHO with guidance on user needs in terms of instruments, tools, training materials, etc.
5. Act as an international support network for countries, through the WHO and ROs, on issues relating to implementation and best practices on the use of the WHO-FIC.
6. Act as advocates both nationally and internationally to obtain high level support and financial commitment to develop and implement improved information systems using WHO-FIC, particularly in developing nations
7. Work with the other WHO-FIC Network committees and reference groups in the creation of methodologies for the joint use of WHO-FIC members in health information systems and surveys and development of educational products.
8. To prepare strategic work plans for the Committee and annual reports to the Network on the activities of the Committee.

5 Annex 3: Terms of Reference of the Family Development Committee (FDC)

Purpose

The Family Development Committee (FDC) aims to develop the WHO-FIC as an integrated and comprehensive suite of classifications. It also aims to ensure that the WHO-FIC has a logical structure so that the classifications needed for each component and setting within the health system can be identified.

Functions

1. To keep under review, and update as necessary, the structure and content of the WHO-FIC
2. To identify and prioritise gaps in the WHO-FIC.
3. To specify a mechanism, including assessment criteria, for consideration of new family members.
4. To consider proposals for membership of WHO-FIC, to nominate location within the structure of the family, and to assign an appropriate status (derived or related) to the classification.
5. To consider the implications for WHO-FIC of the development and implementation of clinical terminologies and recommend appropriate actions to the Network.
6. To work with custodians of other classifications to consider appropriate linkages between WHO-FIC and these classifications.
7. To oversee work on development or application of WHO-FIC as requested by the Network.
8. To serve as a focal point for the Network for the development of ICHI.
9. To create and maintain productive working relationships with other WHO-FIC Network Committees and reference groups.
10. To prepare strategic work plans for the Committee and annual reports to the Network on the activities of the Committee.

6   Annex 4: Terms of Reference of the Informatics and Terminology Committee (ITC)

Purpose

- Promote standards for classification maintenance and exchange for WHO-FIC Classifications to enable interoperability.
- Support WHO and the WHO-FIC Network in developing standards for electronic classification related tools and tools using terminologies together with classifications.
- Promote awareness of the need to ensure and verify congruence between concepts underlying clinical terminologies and the categories available within the WHO-FIC member products.
- Enhance alignment of WHO-FIC classifications with terminologies for standardised use in eHealth applications.

Functions

1. To promote that the standard classification format ClaML is used for all WHO-FIC classification exchange to ensure that classification data is usable throughout the Network.
2. To cover tools that are only for morbidity, mortality or functioning, and ones with a more general application or joint use.
3. Work closely with other WHO-FIC Committees on overlapping areas.
4. Support other WHO-FIC Committees with information technology and terminologies.
5. Establish liaison with other organisations/groups working in electronic classification and terminologies.
6. To take into consideration the needs of non-English-speaking countries and developing countries.
7. To provide guidance on best practices for mappings from and to WHO-FIC classifications.
8. To prepare recommendations on terminology issues for Member States to consider when contemplating other language versions of WHO-FIC member products and submit them for discussion and eventual endorsement by the WHO-FIC Network.
9. To create and maintain productive working relationships with other WHO-FIC Network Committees and reference groups.
10. To prepare strategic work plans for the Committee and annual reports to the Network on the activities of the Committee.

7   Annex 5: Terms of Reference of the Mortality Reference Group (MRG)

Purpose

The objective of the Mortality Reference Group (MRG) is to improve international comparability of mortality data by establishing standardised application of the ICD.

Functions

1. To identify and solve problems related to the interpretation and application of ICD to coding and classification of mortality.
2. To establish standardised application of mortality coding rules and guidelines by a) making decisions regarding the interpretation of rules and guidelines for mortality, and b) deliberating on updates to the classification and the rules and guidelines. Such updates include both clarifications and correction of errors
3. To develop recommendations for ICD updates through a democratic process which attempts to achieve consensus
4. To submit annual recommendations to the Classification and Statistics Advisory Committee (CSAC) by the end of April.
5. To support the development and application of international software for mortality coding and classification
6. To address issues of analysis and assessment of mortality statistics
7. To provide documentation of discussions and decisions in a database.
8. To create and maintain productive working relationships with other WHO-FIC Network Committees and reference groups.
9. To prepare strategic work plans for the Committee and annual reports to the Network on the activities of the Committee.

Once a recommendation to the Classification and Statistics Advisory Committee (CSAC) has been agreed to by the MRG, members will support the recommendation.

Decisions from the MRG which are endorsed by the CSAC and the Centre Heads should be available from the WHO ICD home page.

8 Annex 6: Terms of Reference of the Morbidity Reference Group (MbRG)

Purpose

The objective of the Morbidity Reference Group (MbRG) is to improve international comparability of morbidity data and the application of ICD in morbidity by analysing and integrating needs deriving from statistical reports (e.g. hospital data or data from primary care), casemix (e.g. DRG systems), and clinical documentation (e.g. clinical terminology or electronic health records).

Functions

1. To identify, discuss, and solve problems related to the interpretation and application of ICD to coding and classification of morbidity, including the establishment of standardised interpretation of the categories of ICD and the development of agreed definitions, coding rules, and guidelines for ICD morbidity coding.
2. To develop recommendations on ICD updates to the Classification and Statistics Advisory Committee (CSAC), annually through a consensus process.
3. To review possible morbidity applications of WHO derived and related classifications in order to inform recommendations for changes to ICD.
4. To consider and support statistical, epidemiological, reimbursement (including casemix), and clinical applications of ICD for morbidity purposes.
5. To provide documentation of discussions and decisions in a database that can be used online and offline.
6. To work with WHO on settings, models, and mechanisms for quality assurance. For example, quality assurance should aim to assess whether the proposed ICD-11-MMS is fit for purpose and whether it can be used reliably by different users, such as through testing, bridge coding, and evaluation of the required level of detail in clinical modifications.
7. To prepare for transition needs between ICD-10 and ICD-11.
8. To create and maintain productive working relationships with other WHO-FIC Network Committees and reference groups.
9. To prepare strategic work plans for the Committee and annual reports to the Network on the activities of the Committee.

9 Annex 7: Terms of Reference of the Functioning and Disability Reference Group (FDRG)

Purpose

The objective of the Functioning and Disability Reference Group (FDRG) is:

- to advise the WHO-FIC Network on functioning, disability and health classification and coding issues;
- to improve the quality and comparability of national and international data that describe functioning, disability and health by enhancing the appropriate use of ICF in statistics and information systems and scientific publications;
- to collaborate, through WHO and the WHO-FIC Network, with the producers and users of health and disability data to promote optimal use of ICF and, as appropriate, other WHO-FIC classifications.

Functions

1. To promote the standardised interpretation of ICF concepts and categories (allowing, as far as possible, for geographical, cultural and specialty-based variations) through developing principles of use, coding rules and guidelines.
2. To identify issues related to the interpretation and application of ICF to coding and classification of functioning, disability and health.
3. To facilitate evaluation of ICF as a classification system and recommend changes, as appropriate.
4. To develop recommendations for ICF updates through an evidence-based process and to submit annual recommendations on updates to the Classification and Statistics Advisory Committee (CSAC).
5. To advise WHO and WHO-FIC Committees responsible for revising the ICD about ICF implications for the ICD revision.
6. To provide documentation of discussions and decisions in a WHO-supported database that can be used online and offline.
7. To create and maintain productive working relationships with other WHO-FIC Network Committees and reference groups.
8. To prepare strategic work plans for the Committee and annual reports to the Network on the activities of the Committee.

10 Annex 8: Terms of Reference of the Traditional Medicine Reference Group (TMRG)

Purpose

The objective of the Traditional Medicine Reference Group (TMRG) is to improve the quality and comparability of national and international TM morbidity data and the application of ICD-11 TM Chapter by analysing and integrating needs deriving from clinical documentation, statistical reports, reimbursement and other use cases.

Functions

1. To identify, discuss, and solve problems related to the interpretation and application of ICD to coding and classification of Traditional Medicine (TM) related morbidity, including the establishment of standardised interpretation of the categories of ICD and the development of agreed definitions, coding rules, and guidelines for ICD TM morbidity coding.
2. To develop recommendations on TM related ICD updates to the Medical Scientific Advisory Committee (MSAC) and the Classification and Statistics Advisory Committee (CSAC), annually through a consensus process.
3. To consider and support clinical, epidemiological, statistical, and reimbursement applications of ICD TM codes for morbidity purposes.
4. To provide documentation of discussions and decisions in a WHO-supported database that can be used online and offline.
5. To create and maintain productive working relationships with other WHO-FIC Network committees and reference groups.
6. To prepare strategic work plans for the Committee and annual reports to the Network on the activities of the Committee.

11 Annex 9: Terms of Reference of the Verbal Autopsy Reference Group (VARG)

Background

Reliable and comparable data on the levels and causes of mortality are cornerstones for building a solid evidence base for health policy, planning, monitoring and evaluation.

Standardizing methods of collecting causes of death, assessing their quality and combining data for analysis and presentation from different sources requires international collaboration of all relevant disciplines.

Ideally, causes of death are reported by a physician using the standard medical certificate of cause of death. In some settings, no physician sees the dead in order to formulate and report causes of death. As an interim solution to this problem, verbal autopsy has become a primary source of information about causes of death for such cases where no physician can medically certify the cause of death. In an attempt to standardise collecting data using verbal autopsy, WHO has developed a verbal autopsy instrument for routine use to support compilation of national mortality statistics.

Purpose

The purpose of the VARG is to support and advise WHO regarding:

- Development and maintenance of WHO VA standards;
- Refinement of the WHO VA instrument with evidence from the field;
- Standards and recommendations for VA training and implementation;
- Advancement of methods and tools for assigning causes of death from VA interviews;
- Use of the causes of death data determined by verbal autopsy;
- Use of the VA causes of death data as a complement to medically certified cause of death data; and
- Quality assessment and assurance of verbal autopsy data;
- Methods for comparing and evaluating VA results, including causes of death distribution estimated by different VA instruments

Functions

In line with the Purpose and Function of the VARG, the members will promote the use and further enhancement of the WHO VA tools, i.e. WHO VA questionnaire and algorithms included in openVA or other implementations of the algorithms compatible with the WHO questionnaire.

1. Development & maintenance of the WHO VA standards
   1.1. Support the development, maintenance, and use of the WHO VA standards.
   1.2. Contribute to systematic update processes to maintain and enhance each component of the WHO VA instrument.
   1.3. Develop and implement principles, criteria, and schedules for updates and revisions.
   1.4. Evaluate and recommend mechanisms for improving the processes to update and revise the WHO VA standards.
2. Coordination & decision making
   2.1. Moderate and assign proposed updates for review to relevant groups as necessary.
   2.2. Contribute to the compilation and review of evidence to inform instrument updates and revisions.
   2.3. Review resulting feedback and suggestions submitted.
   2.4. Decide on proposals for updates and revisions for final approval by WHO.
3. Implementation support
   3.1. Develop principles, recommendations, guidance in relation to tools, considerations and policies for VA implementation in routine settings.

3.2. Develop and maintain relevant guidance on implementing VA systems, including design, sampling, data collection, tabulation, quality assurance and analysis.

3.3. Coordinate with Collaborating Centers and other partners to disseminate, test, and update guidance and to give input on experience and lessons learned to inform guidance and provide technical advice.

Structure

1. Membership and voting rights

   1.1. Collaborating Centers (CC) may nominate up to a maximum of two official members per single country CC and to a maximum of four official members per multiple countries CC. On a single voting process there is only one voting right per single country CC and up to a maximum of two voting rights per multiple countries CC. (In the absence of country representation and collaborating centres, for VA, institutions that provide implementation support are treated as collaborating centres).

   1.2. Centers/institutions may nominate additional "observers", who do not participate in voting.

   1.3. WHO, including the regional offices, is represented by its delegated officer, who participates in voting.

2. Chairs

   2.1. The VARG will have two co-chairs, which are elected by VARG members for a two-year period.

   2.2. The role of Co-chairs is detailed in the document "Responsibilities and privileges of chairs and co-chairs of WHO-FIC Network committees and reference groups". In particular, the 2 Co-chairs:

      2.2.1. have joint responsibility for the progress of work;

      2.2.2. update the Work Plan annually, listing in detail aims, activities, deliverables, timelines and responsibilities.

3. Secretariat

   3.1. The Secretariat is chosen by the 2 Co-chairs together with WHO.

   3.2. Main roles of the Secretariat are:

      3.2.1. act as Moderator of the update and revision platforms;

      3.2.2. prepare the mid-year and final reports of group activity for annual WHO- FIC Network meeting;

      3.2.3. compile official update and revision documents, both yearly and cumulative, for submission to WHO.

4. Working methods

   4.1. The VARG work is mainly conducted through the update and revision platforms which are workflow engines designed to facilitate communication within expert workgroups and ensure transparency of the processes.

   4.2. Work and communications are also carried out via e-mail, conference calls and meetings, including an annual meeting during the WHO-FIC Annual Meeting.

   4.3. Official meetings of the Committee must be held in conjunction with international WHO- FIC meetings.

   4.4. Key deliverables of the VARG work include the lists of updates and revisions for the WHO VA instrument and standards.

Outputs

- VA questionnaire (electronic and paper)
- Compilation of translations
- Standard cause of death list for VA with ICD mapping
- Recommendations and minimum criteria for cause of death assignment
- Question by Question guide
- Supervisor and interviewer training manual
- IT manual
- Curriculum for trainers/interviewers

- Guidance on sampling, analysis, and tabulation
- WHO database with VA raw data and cause ("SCI Repository")
- Strategy for strengthening VA methods, including development of a standard symptom-cause probability matrix
- Repository for VA methods and documentation

Activities

- Annual VA Reference Group workshop/meeting
- Maintenance of WHO VA standards and instrument; compile and review suggestions for amendments regularly; implement approved updates
- Monitor and support development and advancement of VA methods towards accurate, comparable standards

12 Annex 10: Terms of Reference of the Health Interventions Reference Group (HIRG)

Purpose

The objective of the Health Interventions Reference Group (HIRG) is to improve the international comparability of health intervention data of ICHI and its linkages with data in the other core WHO-FIC classifications (ICD and ICF). It would serve to integrate the needs of deriving information on health interventions, that arise from statistical reports (e.g. hospital data or data from primary care), casemix (e.g. DRG systems), and clinical documentation (e.g. clinical terminology or electronic health records).

Functions

1. To identify, discuss and solve problems related to the use of ICHI, including the development of rules and proposals for additional categories for the correct coding and interpretation of ICHI coded data, and support the technical work on ICHI maintenance.
2. To develop recommendations on ICHI updates to the Classification and Statistics Advisory Committee (CSAC), annually through a consensus process.
3. To formulate and update the guidelines for coding and the classification, informed by the different usecases to support the different statistical, epidemiological, reimbursement (including casemix), and clinical applications of ICHI.
4. To provide documentation of discussions and decisions on the online proposal platform.
5. To work with WHO on settings, models, and mechanisms for quality assurance of ICHI. For example, quality assurance should aim to assess whether the proposed ICHI is fit for purpose and whether it can be used reliably by different users, such as through testing, bridge coding, and evaluation of the required level of detail depending on the national setting being used, and to recommend necessary amendments to ICHI classification and coding rules.
6. To create and maintain productive working relationships with other WHO-FIC Network Committees and reference groups.
7. To prepare strategic work plans for the Committee and annual reports to the Network on the activities of the Committee.

13 Annex 11: Additional information regarding the WHO-FIC Network: Organisational Structure and Workflow

Types of Collaborating Centres

WHO Collaborating Centres supporting international classification work include:

- WHO Collaborating Centres for the Family of International Classifications (WHO-FIC CC)
- WHO Collaborating Centres for Classifications, Terminologies, and Standards (WHO CTS CC)
- WHO Collaborating Centres for Classifications Scientific Support (WHO CSS CC)
- WHO Collaborating Centres for Verbal Autopsy (WHO VA CC)

Also supporting the international classification work are Non-Governmental Organisations
A list of current collaborating centres and NGOs can be found at the WHO website ([link](#)).
More information regarding the WHO-FIC Network can be found in the WHO-FIC Family Paper (2021) ([link](#)).

Membership in Committees and Reference Groups

Each Committee or Reference Group is led by two Co-Chairs with a designated WHO Liaison Officer and supported by a secretariat from within the network. The Co-chairs and secretariat must have written support from their Collaborating Centre to undertake these roles.

A **Voting Member** is a nominated person from a WHO-FIC Collaborating Centre or NGO who has one vote to represent the country's position (for example, acceptance or rejection of content change in a classification). In accordance with the WHO FENSA protocol only State Actors can hold the position of Voting Member for a WHO-FIC Collaborating Centre.

A **Member** is a nominated person from a WHO-FIC Collaborating Centre or NGO who will participate in the development of, and identifying strategies for undertaking, the goals and objectives in the Committee or Reference group Strategic Work Plan. They can also be a proxy for the Voting Member.

An **Observer** is a nominated person from a WHO-FIC Collaborating Centre or NGO who will primarily devote their time to carrying out the strategies for addressing the goals and objectives specified in the Committee or Reference Group Strategic Work Plan.

In addition to these roles, the Voting Member, Member and Observers can also act in governance roles for the Committees and Reference Groups.

Responsibilities and privileges of Co-Chairs of WHO-FIC Network Committees and Reference Groups

1. To lead the Committee or Reference Group activities, working closely with the designated WHO Liaison Officer to ensure alignment with the Strategic Work Plan and timelines and on emerging requirements or issues.
2. Participate in WHO-FIC Network Advisory Council work.
3. Propose the contribution of the Committee or Reference Group to the Strategic Work Plan together with WHO and WHO-FIC Network Advisory Council Co-chairs on an annual basis.
4. Prepare the annual report of the Committee or Reference Group, to be presented at the yearly WHO-FIC Network annual meeting.
5. Prepare the annual poster report of the Committee or Reference Group for inclusion in the WHO-FIC Network annual Poster Booklet
6. Convene working sessions at WHO-FIC Network annual meeting
    6.1 present to the WHO-FIC Network Advisory Council the Committees or Reference Groups session needs - to allocate adequate time to conduct its business;

6.2. prepare agendas four to six weeks in advance of meetings;

6.3. solicit papers and posters for working sessions;

6.4 select secretariat(s) to prepare minutes from working sessions (short synopsis for meeting report [1/2 to 1 page] and longer complete minutes for fuller documentation) in a draft version at the end of the meeting for the WHO and to be circulated in a finalised version as a part of the official meeting report.

7. Assist in the organisation of plenary sessions or round tables for annual Network meeting as requested by WHO and the host Centre.

8. Contribute to orientation materials (organised by Education and Implementation Committee) for the annual WHO-FIC Network meeting

8.1. update 2-3 slides in a joint presentation to describe the Committee/Reference Group purpose and working sessions.

9. Make a presentation during the report of Committee and Reference Group work at the Annual Meeting (Templates will be distributed by WHO before the meeting) as identified in the agenda.

10. Propose an update to the respective section of the WHO-FIC Strategic Work Plan annually

10.1 update during the annual meeting and provide to Committee and Reference Group secretariat;

10.2 discuss work plan with the WHO-FIC Network Advisory Council SEG in light of compiled work plan of all Committees and Reference Groups by virtual meeting, if requested.

11. Communicate with membership by e-mail or via virtual meetings at least twice between annual meetings.

12. Agree virtual and mid-year in-person meeting if needed and as resources permit

12.1. assure documentation of teleconferences and meetings;

12.2. ensure circulation minutes to full membership.

13. Participate in periodic virtual meetings of the WHO-FIC Network Advisory Council.

14. Participate in mid-year virtual or in-person meeting of the WHO-FIC Network Advisory Council

14.1. prepare written update on work plan for inclusion in Council agenda materials

14.2. report on progress at mid-year teleconference/meeting.

Responsibilities and privileges of Secretariats of WHO-FIC Network Committees and Reference Groups

1. Support the Co-chairs in the development of the contribution of the Committee or Reference Group to the Strategic Work Plan together with WHO and WHO-FIC Network Advisory Council Co-chairs on an annual basis.

2. Establish/confirm Committee or Reference Group membership with the WHO and the WHO-FIC Network Advisory Council.

3. Support the Co-chairs in the development of the annual report of the Committee or Reference Group, to be presented at the yearly WHO-FIC Network meeting.

4. Support the Co-chairs to convene working sessions at WHO-FIC Network annual meeting

   4.1. support the Co-chairs to prepare agendas at least six weeks in advance of the annual meeting;

   4.2. circulate agendas and other meeting documents to the membership;

   4.3. support the Co-chairs to solicit papers and posters for working sessions;

   4.4. prepare minutes from working sessions (short synopsis for meeting report [1/2 to 1 page] and longer complete minutes for fuller documentation) in a draft version at the end of the meeting for the WHO and to be circulated in a finalised version as a part of the official meeting report.

5. Assist the Co-chairs in the organisation of plenary sessions or round tables for annual Network meeting as requested by WHO and the host Centre.

6.   Support the Co-chairs to contribute to orientation materials (organised by Education and Implementation Committee) for the annual WHO-FIC Network meeting

7.   Support the Co-chairs in the development of a presentation to be given during the report of Committee and Reference Group work at the Annual Meeting as identified in the agenda.

8.   Support the Co-chairs in the development of an update to the respective section of the WHO-FIC Strategic Work Plan annually

    8.1.   share with membership two months before the annual Network meeting;

    8.2.   minute the update(s) during the annual meeting;

9.   Communicate with membership by e-mail or via virtual meetings at least twice between annual meetings.

10.   Support the Co-chairs to organise teleconferences and mid-year in-person meeting if needed and as resources permit

    10.1. assure documentation of teleconferences and meetings;

    11.2. circulate minutes and actions to full membership within 3 weeks of the meeting

WHO-FIC Network Committee and Reference Group Co-chair election rules

Committees and Reference groups will elect their respective Co-Chairs from their membership in even numbered years in a closed ballot at the annual meeting of the Network for a term of two years. The results of the election will be submitted to the Council for ratification.

- Voting members are defined as designated by the above-mentioned Collaborating Centres and NGOs Committees' and Reference Groups' membership lists, in which each Collaborating Centre and NGO has indicated who will be voting for the election. Each Collaborating Centre will have one vote. Collaborating Centres officially designated as representing multiple countries will have two votes, provided that their two voting members come from different countries. Each eligible NGO has one vote.

- Candidates standing for a Co-chair position must be members of the Committee or Reference Group. A person may be elected for only two consecutive terms in a given Committee or Reference Group. Candidates should be willing and committed to serving for two years and should provide an explicit statement to this effect if they accept the nomination.

- Proposals of candidates may come from all members of Committees and Reference Groups. Still, they must be confirmed as formal nominations by the respective Centre Head or by the head of the relevant NGO.

- Nominations should reach the WHO-FIC Secretariat as early as possible, but no later than the start of the meeting. A person should only be a candidate for Co-chair of a single Reference Group or Committee. If a person is nominated for more than one Committee or Reference Group, they and their Collaborating Centre should make a choice and refrain from running for both elections.

- The elections will take place in the times designated in the WHO-FIC Annual Network meeting agenda. Usually, this is during the first official meeting session of the relevant Committee or Reference Group in the annual meeting. Identified Focal Points of the WHO-FIC Secretariat will act as polling officer(s).

- There will be ONLY live voting from those who attend the meeting (either in-person or virtually). Eligible voting members may identify a proxy to be present and cast their vote. This information should be provided in writing to the WHO-FIC secretariat before the session.

- The Co-Chairs will assume the office at the Council meeting at the end of the annual meeting during which they are elected.

14 Conduct of WHO-FIC Network Annual Meeting

The WHO-FIC Network Annual Meeting shall encompass all CRG required meeting sessions, as well as the WHO-FIC Annual Meeting and WHO-FIC Advisory Council (open and closed) sessions.

Care should be taken to not schedule Reference Groups in the same timeslots that their reporting Committee is also on (i.e., do not schedule FDRG at the same time as CSAC-ICF, or MbRG/MRG at the same time as CSAC-ICD).

Note: pre-meeting working sessions may be requested and approved for CRGs by Council

An example of an annual meeting timetable is included here.

Day	Standard timetable
Day One (morning)	Orientation session for newcomers to the WHO-FIC network Open WHO Advisory Council session - State of the Network - Committee and Reference Group Reports - Priority topic(s) - WHO-FIC Strategy and Work Plan
Day One (afternoon)	Parallel working sessions of Committees and Reference Groups (maximum of two in each time slot) The focus of the Committees and Reference Groups sessions should be on Strategy Work Plan items requiring in-person time and considered strategically important by the WHO-FIC Network and the WHO, more important for cross-group input, or pending finalisation for Council endorsement, rather than providing information or progress reports
Day Two	Parallel working sessions of Committees and Reference Groups (maximum of two CRGs in each time slot)
Day Three	Parallel working sessions of Committees and Reference (maximum of two in each time slot) One afternoon during the week shall be dedicated to a networking / social event organised by the Host Centre. (Typically, Day Three)
Day Four	Plenary day with one or two sessions dedicated to presentations by the Host Centre and selected experts on relevant local topics Presentations by the WHO Regional Advisors, Expert Round Tables, or other similar presentations or discussions Two sessions on the plenary day shall be allocated to updates on classification development work by the WHO or other necessary topics
Day Five	Selected poster presentation session Two closed full Council sessions[5] includes: • Confirmation if Committee and Reference Groups recommendations on updates to the classifications • WHO-FIC Strategic Framework and Work Plan priorities / updates • Council topics and decisions to be made • Communication of proposed mid-year meeting dates by C&RGs • Meeting evaluation • Future WHO-FIC Network annual meetings

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[5] A "closed session" indicates that only official members of the given body, or their designated proxies, may attend the session

Education for Attendees (including Induction Session)

WHO-FIC Network meetings attract attendees from different backgrounds. This variety allows experts in specific classifications to help those with less knowledge. However, many participants do not use English daily. We should remember this and help those for whom English is not the native language, making adjustments when needed.

Besides specific classifications, there is a need to ensure attendees have the opportunity to become familiar with the concept of the 'family of classifications'. When time permits, an orientation session for new members should be organised by the Education and Implementation Committee and will include an introductory slide set on the WHO-FIC Network. If such a session cannot be accommodated in the annual meeting program, participants should be referred to the WHO-FIC Collaborative Workspace, where a WHO-FIC Collaborating Centre Briefing Kit is posted.

Accessibility

Collaborating Centres have agreed to make a good faith effort to implement the following accessibility guidelines for participation in the WHO-FIC Network meetings:

- ensure that all official meeting facilities and events are accessible to persons with disabilities (e.g., meeting rooms, restrooms and sleeping rooms should fully accommodate wheelchairs and allow room to manoeuvre; ensure availability of elevators, escalators and stairs; provide for a bus with a power lift for social events, as needed);
- ask in advance about the special needs of prospective participants
- make meeting content accessible to all participants (e.g. readable by all and read aloud, as needed);
- ensure a smoke and chemical-free environment;
- seek funding for sign language, Braille, and personal assistants, as needed.

Posters and presentations

WHO makes a call for posters at least four months before the WHO-FIC Network annual meeting. Posters may be submitted for:

- information only (background poster)
- presentation and discussion in one of the Committees or Reference Groups sessions (the respective Co-Chairs must clear these posters)
- presentation and discussion in plenary sessions (as determined by the WHO and the WHO-FIC Network Advisory Council)
- Annual reports from the WHO Collaborating Centres
- Annual reports from the WHO-FIC Network Advisory Council, Committees and Reference Groups

Submitted posters must be approved by the Head of a Collaborating Centre or NGO, a Committee and Reference Group Co-Chair, or the WHO, and must be in line with the WHO-FIC Network Strategic Work Plan or the relevant work plan of the Collaborating Centre or NGO.

Poster abstracts and posters are to be submitted using templates provided by the WHO and must include contact information for the author(s). Authors should submit the titles of each poster, and an abstract to WHO Headquarters via the WHO-FIC meeting portal as outlined in the timeline included below.

WHO Headquarters will make available all poster abstracts to the respective Co-Chairs of Committees and Reference Groups for their information right after the deadline for submission. The WHO will select a small number of posters for presentation in the poster sessions of the meeting and presenters will be asked to adhere strictly to a time limit for their presentations.

Committee or Reference Group Co-Chairs may then choose one or more of the posters for presentation within their sessions from those not already selected for presentation in a session. WHO Headquarters will coordinate these presentations and avoid double presentation of the posters in different Committees or Reference Groups. Tentative session agendas should be made available to the WHO and Host Centre six weeks before the meeting. PowerPoint slides to accompany selected poster presentations should be submitted one week before the meeting.

Posters are made available on the meeting website a minimum of ten working days before the meeting. Posters will be available electronically via a portal provided by the WHO.

If a poster cannot fit all background and discussion information, papers can be annexed to posters. Annexing a poster to a paper should be restricted to very limited cases, as agreed by the Committee or Reference Group Co-chairs.

14.1 Seating arrangement

The double horseshoe setting has been used in recent meetings. If possible, this type of seating arrangement should be followed.

It is recommended that each Centre have two, and only two, places in the front row of the horseshoe. If space allows, multi-country Centres may have three places. Occupancy of places is entirely at the discretion of the Centre Head and will vary depending on the topic under discussion. Committee and reference group Co-chairs and heads of NGOs in Official Relations should also be allocated a front-row place if space permits.

WHO should have a minimum of three front-row places for Headquarters staff and up to six for the six Regional Officers.

Places in the rear row for each Centre and WHO should be immediately behind the respective front row places if space allows.